MEDICAL AND DENTAL COUNCIL OF NIGERIA

Payment Receipt

Generated on 26/12/2020

Remita Retrieval Reference (RRR)

3504-4438-3565

PAYER INFORMATION

NAME	ADELEYE OLUGBADE BABARINSA
EMAIL	dr.adeleyebabarinsa@gmail.com
PHONE NUMBER	234 813 955 4785

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
26/12/2020	350444383565	PRACTICING FEE	20,000.00	250.00	18.75	20,268.75
		TOTAL PAID	20,000.00	250.00	18.75	20,268.75
		TOTAL AMOUNT				20,268.75
		BALANCE DUE				0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	2021 ANNUAL PRACTICING FEES
Gifmis Code - (If Unknown Contact Mda)	61644

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	AUTHORIZATION REF.
CARD PAYMENT	6905884149 -